



**COUNTY OF LOS ANGELES
OFFICE OF SMALL BUSINESS/PTAC**

DISABLED VETERAN BUSINESS ENTERPRISE PROGRAM (DVBE)

INSTRUCTIONS: Download, complete, and email this form to: clafarge@dcba.lacounty.gov
(This form is writable with Adobe Acrobat's "Typewriter" feature; save before sending.)

CERTIFICATION INFORMATION

GENERAL BUSINESS INFORMATION (Indicate "N/A" if not applicable to your business)

Name of Business: _____

Business Address: _____

City: _____ State: _____ Zip Code: _____

Mailing Address (if different): _____

Telephone Number: _____ Fax Number: _____

Email Address: _____

Contact Person for the Business: _____ Title: _____

CERTIFICATION STATUS (Complete all that apply)

U.S. Department of Veterans Affairs Service Disabled Veteran Owned Small Business (SDVOSB) Certification

DUNS Number: _____ Expiration Date: _____

State of California Disabled Veteran Business Enterprise (DVBE) Certification

Supplier ID Number: _____ Expiration Date: _____

ARE YOU A REGISTERED LOS ANGELES COUNTY VENDOR? YES ☐ NO ☐

VENDOR REGISTRATION (WebVen) NUMBER: _____

Owner/Principal Signature: _____ Title: _____

Print Name: _____ Date: _____